

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
Registered No. 300

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Gusman

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth Dec. 19, 1925
Month Day Year

8. FATHER
Full name Juan Gusman
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Juana Alvarez
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 34 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living four (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:35 A.M. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper, M.D.
physician
(Physician or midwife).

Given name added from a supplemental report. Address Globe, Ariz.
Month, day, year Filed 12-31-25 H. J. Horst
Registrar Registrar

475-1219-119